



PROJECT ID# \_\_\_\_\_

RECEIVED

JUN 18 2016

## Grove City Planning Commission

## METHOD OF REZONING APPLICATION

GC PLANNING COMMISSION

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT  
4035 BROADWAY  
GROVE CITY, OHIO 43123  
614-277-3004[grovecityohio.gov/development](http://grovecityohio.gov/development)

## TYPE OF REQUEST

☒ Standard Rezoning ☐ PUD Rezoning ☐ Zoning Upon Annexation ☐ Use Approval

## PROJECT / PROPERTY INFORMATION

PROJECT NAME: \_\_\_\_\_

PROJECT LOCATION: 2121 SONORA DR.  
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)PARCEL ID NUMBER: 040-009173-00 ACREAGE AFFECTED BY THIS APPLICATION: 1.12 ACRESEXISTING ZONING: IND 1 EXISTING LAND USE: VACANTPROPOSED ZONING: C-2 PROPOSED LAND USE: RETAIL BUSINESS/OFFICE

## PROPERTY OWNER INFORMATION

**Note:** Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.Name: DAVID E & KAREN L ROSE Address: 206 VICTORIAN DR. COMMERCIAL POINT OH 43116  
Phone: 614-604-3737 Fax: \_\_\_\_\_ Email: crose522@gmail.com

## APPLICANT INFORMATION

**Note:** The applicant is the person(s) or entity seeking approval of this application.Name: DAVID E. ROSE Title: \_\_\_\_\_ Company / Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_  
Phone: 614-604-3737 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## AUTHORIZED REPRESENTATIVE

**Note:** The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant and related parties.Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company / Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the Applicant (e.g. legal counsel, engineer, architect, land planner, contractor, etc.) \_\_\_\_\_

## SUBMITTAL REQUIREMENTS

**Instructions:** All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

## Fee Calculation

Application Fee: \$ 100.00

## Submittal Items

(check box)

Completed Application (signed and notarized): ☐  
Submittal Fee: ☐  
Ten (10) Copies of Plans (folded and collated): ☐

**PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)**

I DAVID E. ROSE, the current property owner hereby authorize the applicant DAVID E. ROSE to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: [Signature] Date: 6-13-16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 13 day of June, 2016.

[Signature]  
Official Seal and Signature of Notary Public



JANNELLE HEJDUK  
Notary Public, State of Ohio  
My Comm. Expires July 24, 2016

**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I \_\_\_\_\_, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Official Seal and Signature of Notary Public

FOR OFFICE USE ONLY		
DATE RECEIVED: <u>6/13/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>7/5/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>15043</u>
PROJECT ID NUMBER: <u>201606130039</u>		



**PETITION TO CHANGE THE ZONING MAP OF THE CITY OF GROVE CITY**

We, the undersigned, hereby request the rezoning of the following described property and petition for changing the Grove City Zoning map:

LOCATION OF  
PROPERTY 2121 SONORA Dr.  
Grove City, OH 43123

EXISTING ZONING IND-1 PROPOSED ZONING C-2

PETITIONER NAME (PLEASE PRINT) DAVID E. ROSE

PETITIONER'S SIGNATURE *David E. Rose*

OWNER NAME (PLEASE PRINT) DAVID E. ROSE

OWNER'S SIGNATURE *David E. Rose*

DATE 6-13-16